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NO. 7

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL

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**O. C. WELBOURN, A. M., M. D., Editor**

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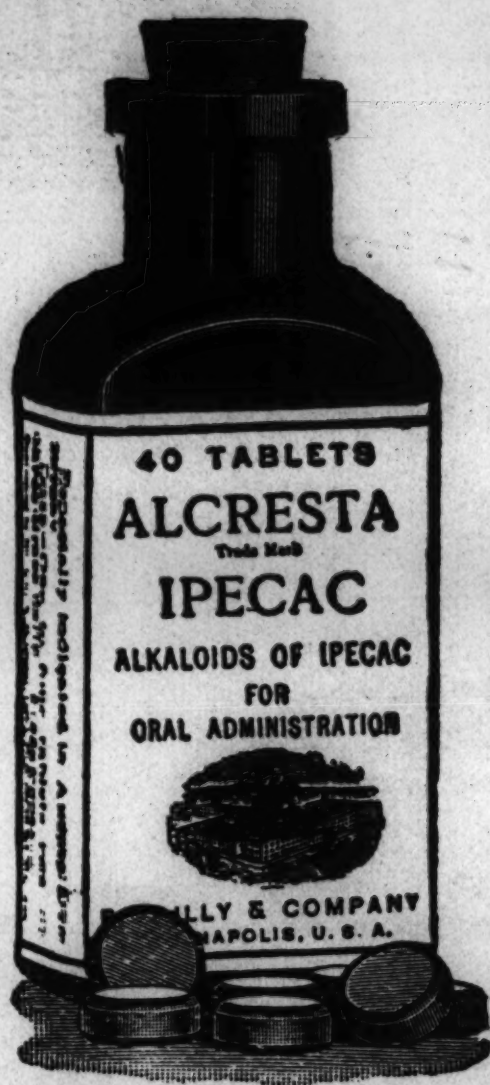
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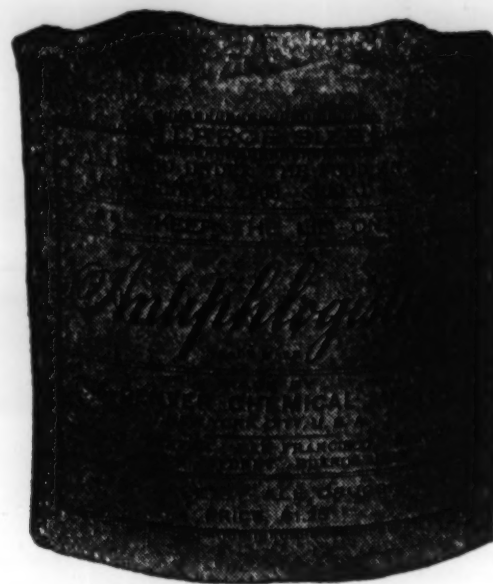
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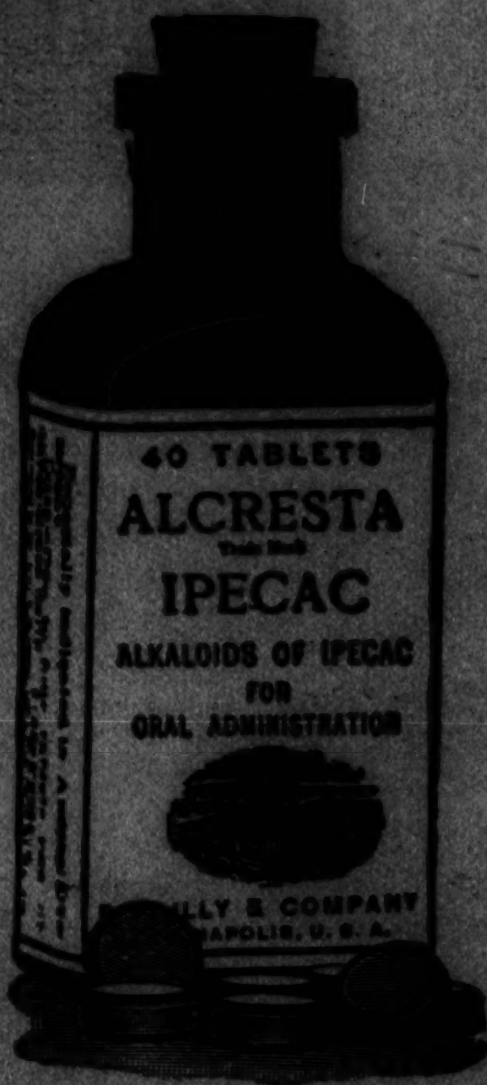
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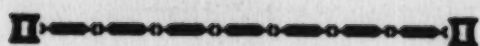
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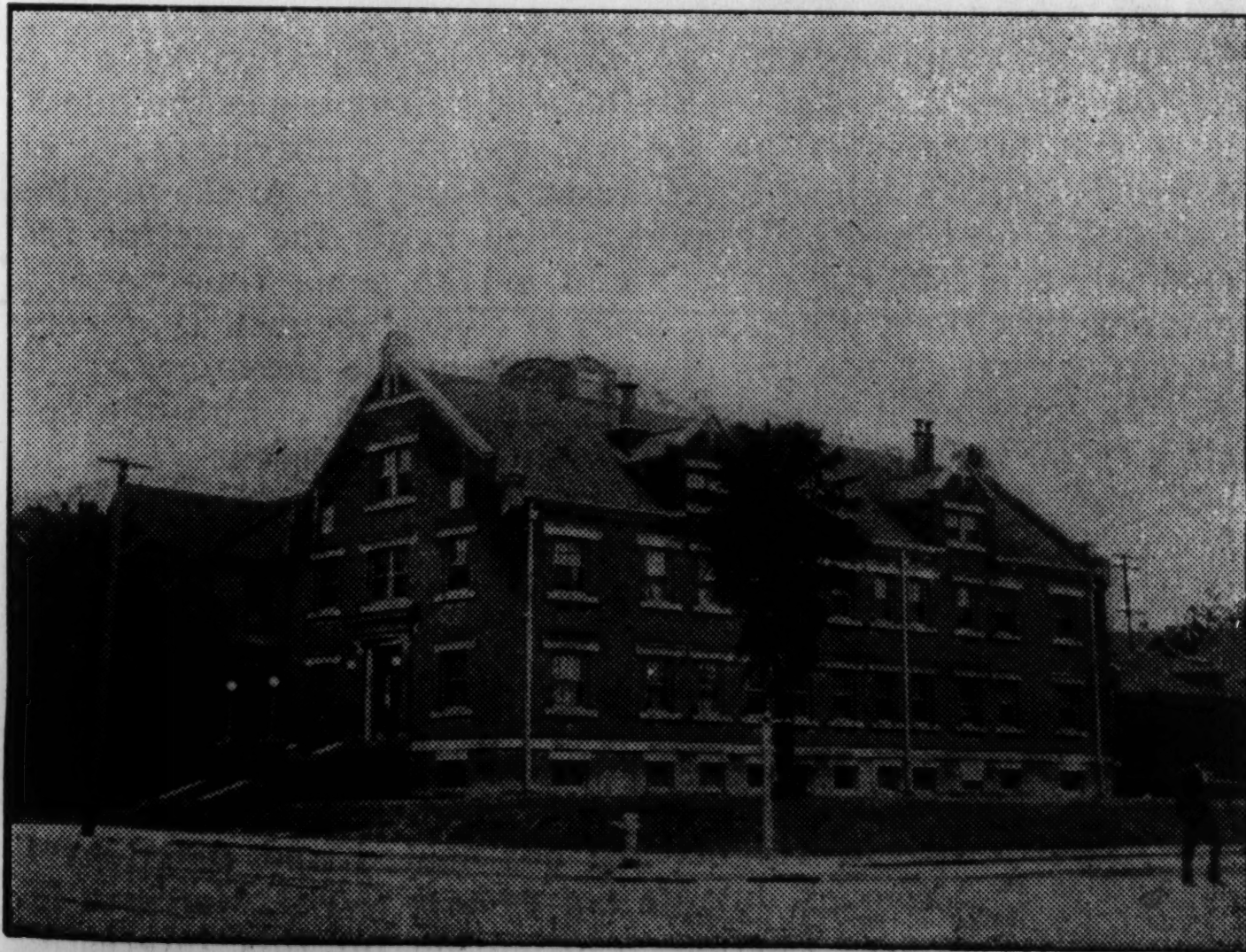
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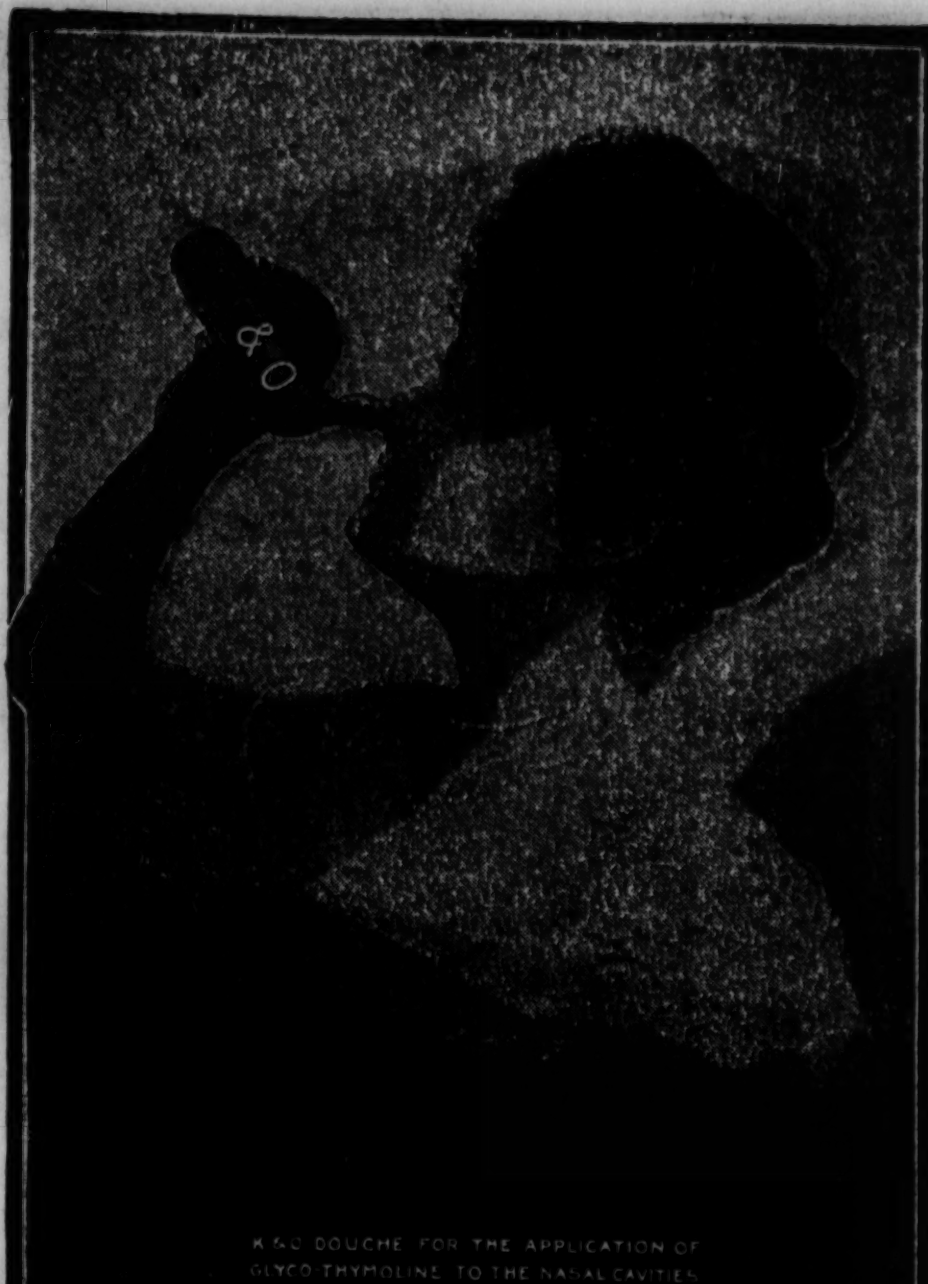
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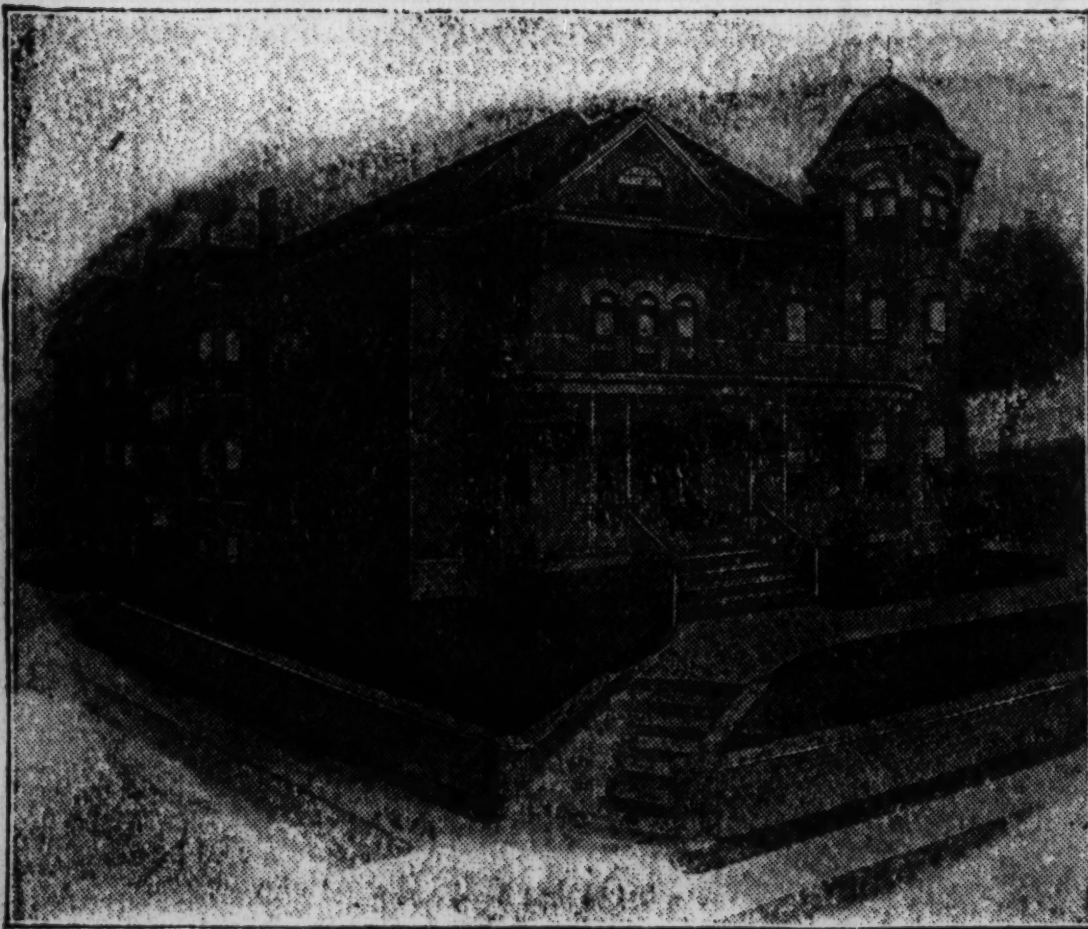
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# The California Eclectic Medical Journal

Vol. VIII.

JULY, 1915

No. 7

## Original Contributions

### SOUTHERN CALIFORNIA CLIMATE

J. A. Munk, M. D., Los Angeles, California

(Read Before the Southern California Eclectic Medical Association.)

The climate of Southern California is a subject of perennial interest.

Every true Californian is a booster of his State and has to tell about it.

As climate is my hobby, I wish to call attention, again, to some of our climatic attractions.

During the past ten years there has been a large increase in population and the throngs of people that crowd the streets of Los Angeles are constantly growing, the only wonder being where they all come from.

Once upon a time, so runs the old legend, man was lord of creation and had the undisputed right-of-way in all directions, but this is no longer true. With the coming of the crowds also came wheels and increased speed, so that on every traveled road and at every street crossing the pedestrian has to run and dodge, or wait, while the wheels roll by, in order to escape alive. Yet notwithstanding the rush and crush in the streets, but few die young in California and nearly all die of old age, by the record.

Great changes have occurred in recent years and those who came early and helped at the start are to be congratulated; but the child who is here now and lives to see the astonishing developments that will surely take place on the Pacific Coast during the next fifty years, is to be envied, as they will surpass anything that has yet happened.

California is said to have "the best climate on earth," but the same has been said of some other places and it cannot be

true of all. There need be no fear, however, that California will lose out on her claim, as it is the unanimous opinion of experienced travelers that our climate is without a rival.

The climate seems to suit all classes and after it enters the blood there is no getting rid of it. People who come once are sure to come again, and however much they may come and go it is only a question of time when they will return to stay.

The pleasant, agreeable weather which prevails throughout the year is so regular that "it is almost too good to be true" and sometimes, even, becomes monotonous; but good climate, like any other good thing—as, for instance, health or wealth—is never fully appreciated until it is lost, when it is too late for regrets.

The entire absence of all extremes of weather is phenomenal and strikingly characteristic of the country. There are no extremes of heat or cold, wind or rain, but it is a land of calm, of balanced cloud and sunshine, of soft breezes and gentle showers.

Being far south and in the Tropics, it is commonly regarded as a hot country, which is a mistake, as there is practically no summer nor winter, and the weather is neither hot nor cold. The temperature is even and warm, yet always cool and comfortable.

Everything in life is relative and is influenced by surrounding objects. There sometimes seems to be a change that is not real, which is caused by contrast. The temperature is much the same at all times, but feels cool in summer and warm in winter, in comparison with the temperature that prevails on the outside. This difference is true of both air and water and is easy to illustrate.

The water in a well is of the same temperature the year round, yet, paradoxically speaking, feels warm in winter and cool in summer, according to the outside heat or cold. The same is true of the water in the Pacific Ocean, which varies only eight degrees of temperature during the year. Here, again, and for the same reason, the water feels warm in winter and cool in summer and affords comfortable open air bathing every day in the year.

The even temperature is the result of a happy combination of local conditions which are peculiar to the country and is largely due to the close proximity of the ocean and mountains. Upon one side of the littoral of Southern California is the warm water of the great Pacific Ocean, which tempers the air, and upon the other side is a high range of mountains, which pro-

protects the land from the cold north winds of winter. In the summer the daily morning velo cloud cools the atmosphere during the forenoon and the cool sea breeze has the same effect during the afternoon; which, altogether, produces a happy combination for a salubrious climate that is unexcelled. If the weather ever happens to be either a trifle hot or cold, it is only for such a short time that it makes no impression.

The winter climate is sometimes cold, but never frigid. There is seldom enough frost to do any harm and zero weather is unknown. The temperature may drop a few degrees below normal and linger near the frost zone for a short time, but soon rises above the danger point. The thermometer, instead of continuing downward to below zero or until the "bottom falls out," as it does in all cold countries, stops before reaching frost or danger.

It is not only a satisfaction not to have everything green frozen and killed, but the large majority of people find great comfort in knowing that here they are forever free from blizzards and zero weather, and are in no danger either of freezing to death in winter or of roasting with torrid heat in summer.

Perhaps once in fifty years (and that's a long time) the weather "slops over" and gives us a killing frost which does some real harm, or an hour of scorching heat; but one such occurrence during this long interval of time is only an unwelcome reminder to the one-time tenderfoot of what happened regularly every year in his old home State back East, and is the one opportunity of a lifetime for the chronic kicker to disparage the climate and say, "I told you so."

### CHARACTER IN THE DOCTOR

By A. J. Atkins, M. D., San Francisco

Character is born of experience; it is of slow growth, consequently few of the human race attain its highest goal. The fundamental reason is personal ambition. This stumbling block lies directly across the pathway of every man who seeks to rise above his fellow man for any other purpose other than that of burden-bearing or love. The man who attempts to pass this elemental stone of character building will ultimately stumble and fall flat.

The men who join the medical profession are naturally ambitious, they desire to excel, which in itself is worthy; but if the candidate stops there he is wrecked upon the very threshold of his possibilities, for character alone should reign supreme in the mind of every physician.

To guard and preserve human life should be the very foundation stone of every human being who attempts to treat the sick. It is his imperative duty to study life and gain all possible knowledge of natural law so as to be able to guide those under his care, just as the banker studies values in order that his depositors may be protected under a certain law.

In America we have many physicians who only think of prestige. If they can only go to Europe and spend a few thousands of their hard-earned dollars, they feel that their fortune will be made when they come home to pose as heroes among their less fortunate brethren. How sadly these returned heroes await for the lesser lights to fill their offices with patients is truly pathetic. This European craze for imaginary knowledge has grown to such vast proportions in the past decade that even the plain farmer physician feels that he must deprive his faithful wife of a new dress in order to take this imaginary course of serum-therapy in order to keep his patients from slipping away from him to the more technical city practitioner, either regular or Christian Scientist. These men are not to be blamed but pitied, simply because they do not possess character inately.

On the other hand, I know a worthy physician who has spent most of his days in the wilderness doing good to the lonely Indians and some other folks in his environment. Under these conditions that physician had only the divine inspiration of his own soul to guide him along the narrow pathway of experience, and yet today if I had to choose a man among the medical fraternity to treat my family according to natural law I would send for that physician, for the simple reason that Nature alone has taught him to be self-reliant, to be sympathetic, to value human life, to respect human life and not commercialize it—in fact, to be a plain human. When a doctor overlooks these old-fashioned attributes he throws off the thin veneering of the ape and becomes an ape, with no other sense than that of an ape.

Another argument to the American physician to go abroad is that of the vastness of the supply of clinical material, in still plainer words, human beings are cheap and dollars are scarce in Europe. For this reason alone the honest physician should stay away from such places and environments as tend to lower his estimate of human life, for just as truly as he loses this finer respect for his fellow beings does he degenerate toward the beast level. There was a time when European countries excelled in the very best products of the world, but, gentlemen of sober thought, I am inclined to believe that that day is past. According to Luther Burbank and others, new conditions, new

environments, produce better products, and this law applies to men. Here in America we are inclined to under-estimate these values,—i. e., in a general sense,—but I imagine that Europe smiles in a quiet way at this ignorance on our part, however she tolerates it with due consideration from a financial standpoint, because if it were not for the vast horde of American suckers that go abroad every year it would be only two or three years until the vast herd of human leeches would be searching for new blood to suck on our own shores. There may be some excuse, however, for a man to leave California and seek pleasure and knowledge in the Old World, simply to prove it to himself that California and the U. S. A. is the most advanced country on earth—in other words, he might learn something by comparison.

P. S.—This article was written two years ago to commemorate my impressions of a member of our school who had recently returned from “abroad to enlighten the world.” There is neither prejudice nor envy in the heart of the author. Three more years and there will not be left much of the medical prestige of Europe. The doctors of the world may come to California.—A.

### OUR OPPORTUNITY

Dr. H. V. Brown, Los Angeles, Cal.

Anent the Harrison Narcotic Law, a certain chemical company, whose recent advertising circular came to my notice, takes advantage of a situation thus created to boost a near-narcotic, it having so far escaped the hammer of the Internal Revenue Bureau. The circular refers to the ruling of the Bureau that a record must be made and kept of all narcotics dispensed in the office or at the bedside, and then draws the following conclusion: “One effect of these exacting requirements will surely be a decrease in the use of the restricted drugs by physicians and a consequent search for other forms of sedative remedies. Among the remedies which are thus replacing the opiates,” etc., and the circular proceeds to relate how harmless and effective their preparation is as a substitute for opium.

Thus the astute promoter of proprietary mixtures is ever alert for the opportunity to appeal to the lacadaisical attitude of the average physician respecting the study of single drug therapy.

Not long since a learned physician was heard to express himself as astonished, if not astounded, at the large number of drugs mentioned by a student writing an examination paper, which might be indicated in treating a given disease. I inferred

that said student made the mistake of trying to write a treatise on "specific indications" for the perusal of a man not versed in the fundamental principles of that science; consequently he was unable to appreciate the laborious effort. Another learned gentleman, who stands upon the same empirical platform with respect to medicine, expressed the opinion, based on practice, that morphine is the one single drug of greatest importance.

I am glad to give you this important decision on an important drug by an important gentleman. But thanks to the unremitting and loyal workers in the Homeopathic and Eclectic ranks we are not obliged, even in these days of drug nihilism, to swallow such a decision. Let us invoke the referendum and recall this pernicious decision, which we well know is shared, not alone by one man, but by thousands in the dominant school of medicine.

Brethren, the fact remains that the chemical house is correct—search will be made for other remedies to take the place of morphine. Shall we stand idly by and allow this crying need to be filled by the pharmacist with substitutes which are nearly, if not quite, as pernicious as the drug itself? I should say not unless we want to lose the opportunity of a century. Our time has arrived—the psychological moment to forge ahead with the most definite and rational system of medicine ever devised. The ultimate result would be the emancipation of the "deer peepul" from drug empiricism and nauseating mixtures on the one hand and fanatical or hysterical disbelief on the other hand.

In emphasizing the importance of vegetable drug therapy we should not overlook or underrate the good work that is being done in the line of animal and serum-therapy; yet its most enthusiastic and exclusive followers must acknowledge that much of this work is still in the experimental stage, as evidenced by the fact that many products originally hailed as positive remedies or tests are now in the discard, or at best only retained as one of the possibly useful agents in obscure cases, depending upon other and often older means for positive results. Nevertheless, it is my belief that all physicians, of whatever cast, should be open-minded enough to accept and make use of any such product when it becomes once established that it is superior to all other known means of treatment in given cases, as is the case with a few.

In the meantime the light is breaking through the dense bank of fog and many broad-minded physicians without the pale of Eclecticism are feeling the influence of the benign rays emanating from such shining examples as Echafolta, Hypodermic Lobelia, Ipecac, etc. Let the good work go on and let us hide not our light under a bushel.

**A PUZZLING CASE****Dr. V. Millasich, Galveston, Tex.**

On March 2nd, 1915, I was called in a hurry to the house of Mr. Charles W., stating that his wife was very sick. I went there immediately, and on my arrival I found the woman with sharp and lancinating pains, most at the umbilicus, and radiating all over the abdomen, but most especially towards McBurney's point. It was impossible to make any abdominal examination on account of parts being so tender and painful. Abdomen was much distended with gas; there was nausea and vomiting, with constipation, accompanied with cephalalgia. Temperature 104 2-10, thirst incessant, patient lying on the back, and right leg partly drawn upward so as to relieve the pelvic tension.

**DIAGNOSIS:** From general symptoms and patient's posture in bed, I came to the conclusion that there was general peritonitis or probably appendicitis or both. I immediately administered morphine gr.  $\frac{1}{4}$  hypo., and ordered hot turpentine stupes on abdomen, and also hot enema with turpentine, in order to relieve tympanites and to unload the lower bowels. For nausea I gave Spc. Nux and Amigdalus; for thirst small lumps of ice, to be given when needed, and made Px. Spc. Veratrum, Bryonia, Asclepias, Belladonna and Echinacea. I also gave Calomel gr.  $1\frac{1}{2}$ , Podophyllin gr. 1 1-3, Capsic Resin gr. 1-7, to be given in two doses at one hour interval, and to follow it with Mg. Sulph. Saturat solution, one ounce, three hours afterwards, and I left few morphine granules of gr. 1-64 to be given during the night if needed. By next morning patient was much better, temperature 101 $\frac{1}{2}$ ; during the night patient made several stools which were very offensive.

Tympanites was much relieved, thirst abated, nausea and vomiting disappeared and cephalalgia ceased, an dpain cut by more than half. I ordered fomentation to be continued and medicine also, only further apart. Diet milk and broth, and warm water and turpentine enema at noontime, and I departed.

March 3rd in the evening I found patient had improved and pain abated, abdomen more soft and tympanitis diminished, and patient lying almost comfortable in horizontal position and temperature 101. I ordered same medicine to be continued and turpentine stupes and one enema at 7 p. m. and departed.

March 4th in the morning I found patient passed a fair night, having slept about five and a half hours in two different times, and rested well. Temperature 100 4-10. I ordered the same medicine to be continued, fomentation on abdomen also to

be continued and diet liquid, and then departed. Evening of the same day temperature 100; patient passed a good day but for some slight pain at right ovarian region. I ordered fomentation continued and medicine changed; made R. Spc. Aconite, Bryonia, Belladonna and Echinacea. Diet semi-liquid and also Potash and Sod. Tartras in dram doses every four hours, for its laxative refrigerant and febrifuge action, and departed.

March 5th in the morning I found patient much improved and slept most all night, but very slight temperature, 99 2-10, and some hungry. I ordered fomentation continued and enema discontinued and medicine further apart. Diet semi-liquid and departed.

March 6th in the morning I found the lady doing well; no pain, no fever, tympanitis disappeared and slept all night. I suspended fomentation and fever mixture, but continued Potash and Sod. Tartras one dram b. i. d.

March 7th I called in the morning. Found the patient sitting by the stove and said that there was no use of lying in bed any longer, because she felt well completely.

March 8th I called at the noon hour and found her sitting on a chair by the fire, feeling well, no fever or any other symptoms except for slight pain in lower right hypogastrium. Appetite good, resting easy and doing embroidery work.

March 10th in the morning I called. I found the lady well and discharged the case. Her husband paid my bill, so we were all happy.

March 10th, the same evening, I received a hurry call from the house of Mr. W., and when I arrived there found the woman suffering and in great pain, which was radiating from right lumbar region, or the right kidney, downward and forward and across the abdomen and to the lower and middle hypogastrium, and also down the leg of the same side. The pain was sickening sharp and somewhat intermittent and cutting in character, same as it would be in descending of stone from the pelvis of the kidney. Dysuria was continuous and persistent. Patient wanting to urinate continuously, but urine was very scanty. By pain and position of the patient and its symptoms it was plain diagnosis of Nephrolithiasis or stone descending through ureter towards the bladder.

I ordered hot towels to the side and abdomen, and gave internally Gelsemium, Eryngium and Staphisagria. I continued treatment that way with some little variation, and watching for stone and gravel or both, by collecting the urine in a vessel, but none was there. In about two days pain from kidney region to about upper part of hypogastrium subsided entirely, but in the middle of the hypogastric region pain continued and probably

more intense than ever, and especially upon urination. It was accompanied by constant dysuria and tenesmus. I now saw that the case was well complicated, and suspecting of stone lodged in the bladder, and possibly some more coming from above, I came to the conclusion that I must call a consultation, to which man and wife readily consented. I called a regular physician (no Eclectic here except me). When he arrived I explained to him the case, and we also came to the conclusion that there was a stone in the bladder, and possibly some descending, and at the same time he made bimanual examination abdominal and per vagina and he discovered a mass in the right ovarian region, which he got me to examine also, which felt very suspicious. By consent of the husband and lady we took her to the hospital for a cystoscopic examination for stone in the bladder. Upon examination we found that there wasn't any stone of any form there. We then explored the right ureter up to the kidney and found no stone of any form. We came to the conclusion that there must be some old ovarian or appendicular trouble, or possibly both, or a deep pelvic abscess. We explained to the husband and wife that we must make (by her consent) an exploratory incision in middle hypogastrium and see what was the mass in the part. After some short parley husband and wife both consented. We then ordered the woman to be prepared for operation.

Next day we performed a laparotomy and there we discovered on the right ovary one cyst, size of a man's fist, with some adhesion to the surrounding parts.

The doctor proceeded to break the adhesion and extricate the cyst by gradually working on its pedicle, when suddenly pus broke forth from under it, which must have been some old pyo salpinx. Doctor sponged the pus as fast as it came and dried the cavity as best he could, then clamping the ovarian artery and broad ligament, and ligating uterine artery, excised both ovary and tube of that side. Suturing the parts to one another and ligating, the broad ligament in groups, stopping the oozing of the blood in the parts, and placing a rubber drainage tube deep in the pelvic cavity, and suturing the abdominal wound secundum artem, then anchoring the tube to the skin. Woman made an uneventual recovery, but a tedious one, due to some infection of the parts which was caused by bursting of the pyo salpinx. Rubber tube was taken out little by little and in about twenty-five days the wound healed up nicely.

I will also say that we didn't take the appendix out, neither did we look at it to see if it was diseased, and if it happens to be so, then another operation at some future time will do the rest.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## OUR SAN FRANCISCO MEETINGS

The annual meeting of the National Eclectic Medical Association was held in San Francisco the week beginning June 15. The attendance was satisfactory and the papers were good. The afternoons and evenings were devoted to sightseeing and recreation. Many of the delegates embraced the opportunity and enjoyed the Exposition during every available hour. Thursday evening a banquet was given by the California Eclectic Medical Society in honor of the delegates to the National. There was an abundance of good things to eat and drink, which when taken season a dash of wit and wisdom, comprised a repast enjoyed by all who could arrange to be present and regretted by those of necessity absent.

The next meeting of the National Association will be held at Cedar Point, Ohio, and the officers for the ensuing year are:

President, T. D. Adlerman, M. D., 910 St. John's Place, Brooklyn, N. Y.

First Vice President, F. M. Andrus, M. D., 114 N. Thirteenth Street, Lincoln, Neb.

Second Vice President, Theo. Snyppe, M. D., East Auburn.

Third Vice President, A. J. Atkins, M. D., 714 Pine Street, San Francisco, Cal.

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Corresponding Secretary, W. N. Mundy, M. D., Forest, O.  
Treasurer, E. G. Sharp, M. D., Guthrie, Okla.

The next meeting of the California Society will be held in San Francisco, and the officers for the ensuing year are:

President, Chas. Clark, M. D., Pacific Bldg., San Francisco.

First Vice President, W. D. Coates, M. D., Cedarville.

Second Vice President, Theo. Snypp, M. D., East Auburn.

Recording Secretary, H. Ford Scudder, M. D., 337½ S. Hill Street, Los Angeles.

Corresponding Secretary, H. C. Smith, M. D., Glendale.

Treasurer, J. A. Munk, M. D., 337½ S. Hill Street, Los Angeles.

### OUR NEW MEDICAL LAW

A new medical law has been born in the State of California.

The accouchement was under the direct charge of the Board of Medical Examiners, and as the old law was reasonably satisfactory to them, no very radical changes should be expected. The legal phraseology has been altered somewhat in certain places, apparently with the intention of stating more explicitly the intent of the law. Considered in its entirety, it is more homogeneous than the old law.

The changes likely to be of interest to the practitioner are few, but we note the following: Authority is given to license chiropodists upon examination and proof of a specified course of study. Authority is given to publish as well as compile an official directory. Authority is given to enter into contracts with other states in regard to reciprocity; also the prosecution of illegal practitioners is more definitely set forth.

Those interested in the text of this law may obtain a copy from the State Printer at Sacramento. The title is Senate Bill No. 443.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June 14-18, 1915. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; K. E. Seeburger, M. D., Los Angeles.

### **LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY**

The Los Angeles County Eclectic Medical Society held its regular monthly meeting Tuesday, June 1st, at the College Assembly Hall.

Roll call registered eight members and three visitors present.

Following roll call was the reading of the minutes of the previous meeting, which passed approved.

Motion was then made and carried to the effect that the Los Angeles County Eclectic Medical Society cancel its indebtedness to the Southern California Eclectic Medical Association in the sum of \$12.50 by instructing the secretary to pay same.

The paper of the evening, which was to have been read by Dr. F. L. Willson, not having been prepared, left the period open for volunteer discussions. However, all present being of one accord, that since so distinguished a guest as Prof. Lloyd be present, no more profitable nor pleasant time could be spent than listening to another of his excellent talks, hence all declined, requesting that Prof. Lloyd be kind enough to occupy the available time.

The professor never fails to say something worth while—how could it well be otherwise, when gleaned from out the richness and fullness of his well spent, useful and hence successful life? He emphasized the fact that something may be learned from every one with whom we come in contact and that the every-day worries of life become but trivial if we but remember to count our “many blessings.”

Professor Bailey was invited to prepare the paper for the following meeting.

Motion to adjourn to the next regular meeting, to be held July 6th, carried.

DR. O. C. WELBOURN, President.

DR. K. E. SEEBURGER, Secretary and Treasurer.

**ANOTHER CANCER "TREATMENT"**

There was recently published in the New York Medical Journal (May 15th), and immediately and enthusiastically heralded in the lay press, the account of a new "Treatment for Inoperable Cancer." This "treatment" is given out by S. P. Beebe, M. D., professor of experimental therapeutics, Cornell University.

"The method in question is not original with the writer. During the last year certain modifications and possible improvements have been made, but the fundamental idea and the composition of the therapeutic agent were originated by Alexander Horowitz, Ph. D., an Austrian biologist and chemist.

\* \* \* "As administered by Dr. Horowitz, the treatment consisted of the repeated application of a poultice to the affected parts and the administration internally in the form of an extract, either as a liquid or as a pill, of certain substances contained in the poultice itself. \* \* \*

\* \* \* "The powder from which the poultice is made contains a considerable number of substances of plant origin. Seeds, roots, bark and flowers taken from a number of different plants are prepared in the form of a powder, from which Dr. Horowitz made a poultice. The powder contains the following substances: *Menyanthes trifoliata*, *Melilotus officinalis*, *Mentha crispa*, *Brassica alba*, *Anemone hepatica*, *Viola tricolor*, *Anthemis*, *Fructus colocynthidis*, *Lignum quassiae*, *Urtica dioica*, *Radix rhei*, *Hedge hyssop*."

Beebe refrains from telling why the Austrian biologist and chemist selected just this particular lot of "herbs" and spurned the ruddy tomato, the fragrant onion and the luscious squash. And with admirable restraint Beebe also resisted the no doubt great temptation to tell how the plant agencies are prepared and in what proportion they are mixed.

"Brief directions and precautions for the safeguarding and use of this treatment may be of interest," he says, and then he solemnly proceeds to announce that "a poultice is prepared for application by the usual methods. The powder is mixed with a small quantity of boiling water sufficient to make a thick paste; this is spread upon gauze, covered by one layer of gauze and applied to the affected part in the same way as one would apply a mustard plaster. The skin must be first covered with a layer of petrolatum. \* \* \*"

The profession, for whose benefit, of course, the article was written, will be grateful for the warning that this particular poultice must be prepared and applied just like any other poul-

tice; and, after receiving this abundant information, he would be presumptuous, indeed, who wanted to know what's in the poultice.

In addition to the pills and the paste, Beebe has employed "this therapeutic agent" by injection directly into the tumor mass, to produce in its depths an intense reaction. Believing that the general improvement of the patient seems to be "somewhat greater" than might be expected from the application of a local irritant or the cleaning up of superficial infection, Beebe inclines to the belief that "this therapeutic agent" produces beneficial constitutional effects. He has therefore employed it in hypodermatic injections at a distance from the neoplasm. Although he refers to "fairly definite responses in the growth" from these distant injections, it is astonishing that a professor of experimental therapeutics should draw any conclusions from this in cases every one of which also received injections into the tumor and, incidentally, most of which were also treated by radiotherapy. Beebe refers, cautiously, to the possible use of the plant substance mixture intravenously and mentions its trial upon a dog without causing marked disturbance to the circulation or to the excretory organs.

As Beebe says, it is quite justifiable in the conduct of cancer therapy research to make trials of empirical remedies; but it is amazing that a professor in one of our leading medical schools should publish, as a result of his observations of such an empirical method, a wholly unscientific, even though only preliminary, report based on results by no means convincing and, many of them, quite unsatisfactory.

Since he publishes not a cancer cure, but merely "a treatment" of inoperable cancer, we pass over, though reluctantly, the fact that in his case reports he gives no dates and but scant records of the periods of observation. These cases, which Beebe selects from among others (total number not stated) as "fairly representative" of his results, are sixteen in number, divided into three groups.

The first group is of three private cases of superficial skin cancers—two rodent ulcers of the forehead and one epithelioma of the temple. All were healed by applications of the poultice, a result which, as Beebe admits, and as the histories of the cases suggest, might have been obtained by other methods, "such as radium, X-ray and various forms of escharotic paste."

The second group is of seven "hopelessly incurable and inoperable" cases at the General Memorial Hospital. Of these seven cases five died under treatment and the other two refused

to continue it. Of these two, one was greatly relieved generally and locally by the breaking down of the mass and the surgical evacuation of the detritus, the neck sinuses healing but not the growth in the floor of the mouth. Of the five who died, two had been ameliorated by the shrinkage of the growth. All of these patients had X-ray treatment also.

The third group of six cases, treated with the assistance of Dr. J. Wallace Beveridge, in the Polyclinic Hospital, Beebe considers interesting because, he says, they were treated entirely by hypodermatic injection of the extract.

He must have meant injections with a hypodermatic syringe, for every one of these cases had many injections into the tumor mass. None of these cases had coincident X-ray treatment, however. Following are these six cases:

Recurrent calloid carcinoma of the rectum. During six weeks' stay in the hospital sixteen injections into the tumor mass. Large broken down masses were discharged, with great relief of local symptoms and freedom from pain. "After leaving the hospital the patient had a few injections into the arm, and he continued to gain in weight and strength."

Recurrent hypernephroma of loin, growing rapidly. Twenty-two injections into the tumor, which broke down and discharged. After leaving hospital, injection of extract in the arm every second or third day (period not stated); he "continued to gain in weight and strength, and the tumor mass was practically entirely gone."

Recurrent carcinoma after breast amputation. Mass three inches in diameter in scar. X-ray treatment a short time prior to admission. Injection into mass and in arm. Mass broke down and discharged, complete healing, subsidence of edema of arm.

Three small skin nodules and one auxiliary gland, recurrences after amputation of male breast. Four injections into the nodules and the gland. Absorption and disappearances.

Large carcinoma of the bladder. Injections only into the tumor through a suprapubic opening. Suppression of urine. Death.

Epithelioma of floor of mouth and glandular extension. Injections into glands and into arm and poultices. Still under treatment. Pain now very little, mouth clean, lymph nodes almost absorbed, gained thirteen pounds, looks and feels much stronger.

This third group makes a much better showing than the second, although it demonstrates no peculiar therapeutic virtue in the plant mixture.

Of the sixteen cases, three were epitheliomata, all healed—which might have been accomplished by other escharotics. Of the remaining thirteen cases, six died under treatment, two having been temporarily relieved locally. Of the seven others who survived the treatment, two refused to continue it, but one of these was much relieved, although still far from cured. Among the remaining five who were ameliorated by the shrinkage or, in two cases, the disappearance of the growth, in only one was the disappearance by absorption without external discharge, and in that one the nodules, and gland, which were not examined, were quite small and “except for the fact that the areas were already a mass of scar tissue the recurrent nodules might have been removed by operation.”

Saye Beebe:

“If an actual diminution and regression in the bulk of malignant tissue is taken as a criterion by which to judge of the effect of this remedy, it is the writer’s opinion that the evidence presented can lead to but one conclusion.”

There will, indeed, be but one conclusion, and he will then be convinced that “diminution and regression in the bulk of malignant tissue” is not a criterion by which to judge the effect of a cancer remedy. Such a local necrotizing action—and there is no acceptable evidence produced that the “seeds, roots, bark and flowers” used by Beebe have any other action—has been produced, with quite as good results, by other agencies selected with far more scientific rationale than this queer garden compound.

The Horowitz herbs will go the way of all the rest of these agencies. If the horticultural effusion had appeared only in the medical press it would have died a peaceful death in the bosom of the profession.

The Journal, at any rate, would have passed it by merely as unfortunate for the scientific dignity of the medical school and the hospitals from which it came, and with the silent observation that Beebe’s cancer studies had again led him into undue enthusiasm. But, unfortunately—and Beebe’s article shows that he feared it—the new “treatment” found publication also in a daily and in a Sunday magazine issue of at least one prominent newspaper. The result will be, probably already has been, the pilgrimage of unfortunate sufferers for the cure that will not be forthcoming. While this lasts, of course, those who have been thus unexpectedly advertised will profit by the publicity.—W. M. B., in American Journal of Surgery.

### THE USELESSNESS OF OPENING WINDOWS

The simplest and most effective way to ventilate a room, in the opinion of most of us, is to open windows. But now comes Dr. James Frederick Rogers, of New Haven, Conn., and tells us calmly that open windows do not ventilate. A stream of fresh air, to be sure, may flow in through such an aperture, but it mixes little with the stale air of the room, and may flow out again almost as pure as when it entered, leaving most of the cubic contents of the room in as bad a condition as before. This is so true that one may breathe bad air even out of doors, provided he is in a somewhat sheltered position. The products of respiration remain in his vicinity unless removed by a breeze. Apparently, one must live in a wind if he wants his air perfectly pure. Writes Dr. Rogers in *The Medical Times* (New York, August):

"Our ancestors of a century ago were little troubled by the nightmare of fresh air. They closed their windows, drew the curtains of their couches closely, and dropped off to sleep, untroubled by dreams of being smothered by carbon dioxide, or of waking up dead from the effect of poisonous organic matters in the breath, from superheating, or from overhumidity. If these happy beings were wrong in their ideas, it must be said that they were at least consistent in their conduct. They practiced as they preached.

"On the contrary, we of this very scientific generation are forever talking ventilation, though we do not usually ventilate. We are spending mints of money in trying to discover the cause of the ill-effects of bad air, and we worry over these problems in rooms where the standard for pure air, as set down by those in conference, is utterly disregarded. We have even, of late become so disheartened over the problem that we have attempted to abandon the matter altogether by taking the sides or windows out of our rooms, leaving them open to the winds of heaven. In doing so, the problem seems to disappear, for ventilation apparently pertains altogether to life within four walls.

"The fact that, although it seems to do away with ventilation, we do not all take the walls out of our houses or carry on our daily work in the open air, speaks for our inherent good sense that it is better to make the most of impure air than to waste our energies in fighting cold and running the risk of the many infections to which cold renders us liable. Though bad ventilation is often due to false economy, yet we instinctively recognize that it is more economical to sit in warm, if ill-ven-

tilated, rooms than in those thrown open to the blasts of winter.

"Open-air schools are undoubtedly a good thing for certain classes of children, but we have not as yet, so far as the writer knows, had any comparison with the effects upon children of a well-ventilated school room conducted in the same way. The name 'open-air school' is misleading, for the difference between this and an ordinary school is not by any means simply one of the character of the air; the giving of extra meals, the periods of rest and sleep, the superior opportunity for bodily exercise, the abundance of light, are not found in the ordinary school, and have as much, if not more, effect than the purity and temperature of the air; last, but not least, there is a different psychical atmosphere produced by the new and novel surroundings, by teachers chosen for the purpose, each striving enthusiastically to make the most of the new arrangement; finally, the pupils are of a class not likely to badger the teacher, and so bring about reflexly a general lowering of the mental atmosphere of the school. Under such conditions both physical and mental progress ought to be accelerated."

The curious fact, which Dr. Rogers names "the inadequacy of open doors or open windows in changing the air of a room," was discovered by him in the course of recent tests of air in public buildings, described in the course of the present paper. He found the air "usually bad, and often very bad." In one school room, where the subject of ventilation was being discussed and the pupils were taught that the limit of carbon dioxide was seven parts per ten thousand, Dr. Rogers' tests actually found twelve parts. Opening windows improved matters little, except directly in the path of the draft. The content of dioxide might be as low as seven in the breeze, while at one side it kept steadily at twelve to fourteen. Here is an instance.

"In a room at 3:45 three large windows were raised the full height of the sash; there was a strong breeze blowing toward that side of the building, and it swept through the room so as to be felt distinctly in the hall, and with a force sufficient to carry some small papers from the teacher's desk. The windows were closed after a ten-minute gymnastic lesson, and at this time a test taken in a corner, out of the line of draft, showed the air in that vicinity still contained at least nine parts of carbon dioxide. I do not know what it contained previous to this open-window period, but the principal told me that this teacher was always in poor health and kept the room closed. The striking thing about this instance is the lack of real ven-

tilation produced in ten minutes by wide-open windows and a strong breeze.

"The St. John's River, Florida, is dark in color, but the Blue River empties into it, and can easily be distinguished from the general stream for miles by its color. Gases act in much the same way, though of course they diffuse more rapidly, and the stream of pure air in this case flowed through the room without immediately affecting the surrounding stagnant air."

This is only one of many illustrations given by Dr. Rogers. To quote again:

"Without giving details of further tests, suffice it to say that the results were similar; and always there was found a lack of what is considered by all hygienists good ventilation, even the conditions were such as we usually think quite sufficient to renew the air rapidly.

"The recently published experiments of Thomas Crowder are of interest in connection with these tests. He has shown that with good ventilation we rebreathe anywhere from 1 to 40 per cent of the air we have just expired.

"In a bedroom of ordinary size, containing 1,200 cubic feet of pure air, the air rebreathed, no matter what the temperature, contained an average of 14 parts of carbon dioxide. With a person lying in bed with the side of the face resting on the pillow, the air taken in showed an average of 23 parts carbon dioxide, or 4 per cent of the expired air. He attributes the increase in this position to the tendency of gases to cling to surfaces, a fact which helps to explain some of the findings in my own tests. The introduction of air into the room at the rate of 28,000 cubic feet per hour lowered the amount of carbon dioxide rebreathed comparatively little, and with quite a perceptible breeze from an electric fan blowing upon the head, there continued to be from 11 to 15 parts of carbon dioxide taken in, with the person in bed.

"In order to do away with rebreathing, the enormous amount of 300,000 cubic feet of air per hour had to be introduced, or 100 times as much as is sufficient to keep the air, in general, pure.

"Out of doors, when the person was at all sheltered, the proportion of expired air rebreathed was nearly as high as before. To quote Crowder's words: 'One does not necessarily breathe pure air because he is out of doors; he is not at all likely to do so under the ordinary conditions of sleeping tents, tent houses, or half-open porches, such as are used for therapeutic or hygienic purposes.'"

Dr. Rogers cites with approval the system employed in the Y. M. C. A. training school at Springfield, Mass., where recent tests seem to demonstrate the efficacy of using the same air over and over again, withdrawing it to be cleansed by washing. The effect of Dr. Rogers' paper is to confirm the doubts felt by most persons regarding our present knowledge of the real principles, aims, and results of what is usually called "ventilation."—The Literary Digest.

### NEWS ITEMS

Dr. O. C. Welbourn attended the National in San Francisco and spent the preceding week visiting the Fair.

Dr. I. J. Woodin, Independence, spent two weeks in Los Angeles during June, when he combined professional business and pleasure.

Dr. J. A. Munk and Dr. and Mrs. J. F. Barbrick have returned from the National. The trip was made by automobile. Dr. H. Ford Scudder made the return trip with the party.

Dr. and Mrs. H. C. Smith and friends have returned from the National and the Fair. They went by automobile and had an enjoyable trip.

Drs. Adlerman, Best, Mundy, Staegger, Discin and Mr. Adlerman comprised a special party which laid over for a Sunday on the way from San Francisco to San Diego.

Among those, at the National, from Southern California we noted Dr. Hoffman of San Diego, Dr. Turner of Pomona, and Drs. Munk, Barbrick, Scudder, Cox, Smith, Baird, Young, Roath, Caryl and Shastri from Los Angeles.

Dr. Blanche Bolton of San Pedro has gone on her annual vacation. She expects to find a place that is hotter than this before she returns.

Dr. E. H. Stevenson of Ft. Smith, Ark., stopped over en route from the meeting of the National in San Francisco. He expects to visit a daughter in San Diego before returning. Southern California is a favorite vacation place for Dr. Stevenson.

Dr. E. G. Sharp of Oklahoma and his brother, Dr. Sharp of Kansas made the trip overland in their automobile following the old Santa Fe trail. They enjoyed the trip very much and expect to return by one of the Northern routes after attending the National meeting.

Prof. John Uri Lloyd of Cincinnati, who came to deliver the address at the commencement of the California Eclectic Medical College, attended the National in San Francisco and has now returned to his home.

Dr. E. R. Petskey is in Los Angeles, having come from Durango, Mexico. The trip was made necessary at this time, because of an infected finger which has been causing the doctor much pain.

Dr. H. V. Brown attended the meeting of the Medical Board of Examiners in San Francisco in June, and also attended the National. The next meeting of the Board will be in Los Angeles, July 13, 1915.

Dr. and Mrs. H. T. Cox and Dr. and Mrs. A. P. Baird drove to the National. The wedding of Dr. and Mrs. Baird occurred a few days before the trip. The Journal congratulates. The party had a narrow escape when the steering gear broke on a mountain grade.

The Hahnemann College of San Francisco will become a part of the State University. It is planned to graduate the students who were in the college during the past year, which means that the Hahnemann College will not go out of existence for three years. The students of medicine in the University will pursue the same studies, with the exception of *Materia Medica* and *Therapeutics*, in which studies they may elect either the Regular or Homeopathic.

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READING NOTICES

XL

CALIFORNIA ECLECTIC MEDICAL JOURNAL

CLUB RATES

The various Electic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

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Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill. ....	1.00	.90
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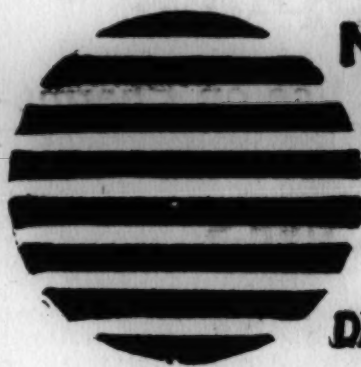
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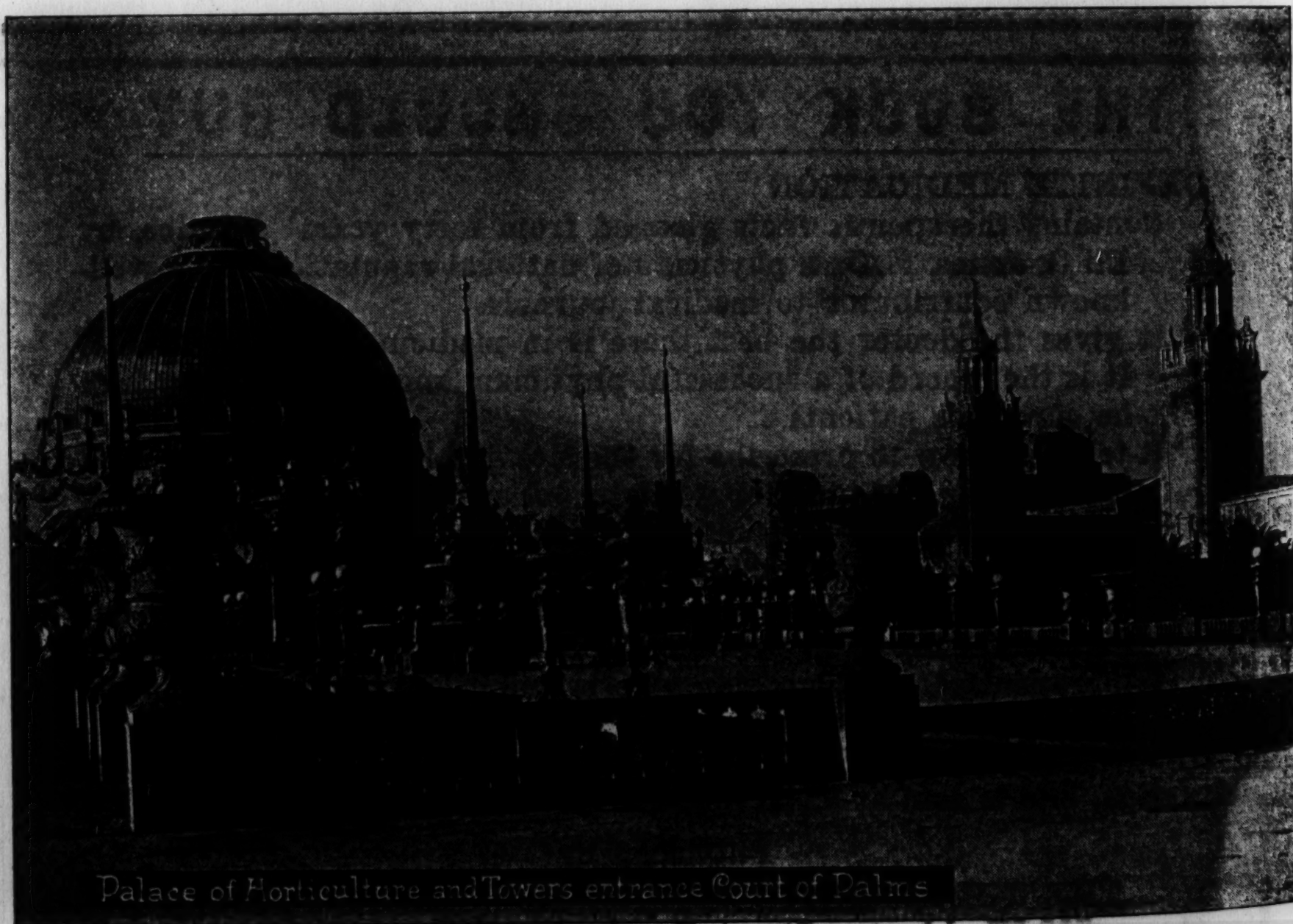
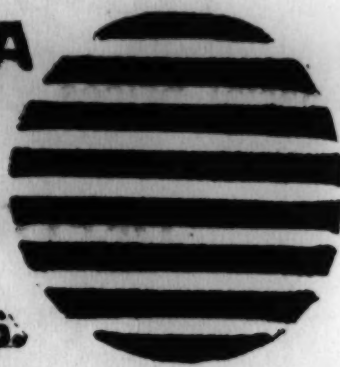


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## Table of Contents

### ORIGINAL CONTRIBUTIONS:

	PAGE
Southern California Climate.....J. A. Munk, M.D.	163
Character in the Doctor.....A. J. Atkins, M. D.	165
Our Opportunity.....H. V. Brown, M.D.	167
A Puzzling Case.....V. Millasich, M.D.	169

### EDITORIAL:

Our San Francisco Meeting.....	172
Our New Medical Law.....	173

### SOCIETIES:

Los Angeles County Eclectic Medical Society.....	174
--------------------------------------------------	-----

### SELECTIONS:

Another Cancer "Treatment".....	175
The Uselessness of Opening Windows.....	179

NEWS ITEMS .....	182
------------------	-----

READING NOTICES .....	
-----------------------	--

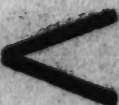
## Index to Advertisers

American Apothecaries Co.....x	Katharmon Chemical Co.....III
Antiphlogistine, Denver Chem. Co...I	Kross & Owen Co.....v
Battle & Co. ....v, ix	Lloyd Bros. ....II
Bovine Company .....vii	L. A. Eclectic Polyclinic.....vi
Bristol-Myers Co .....vii	National Wm. N. Mundy Editor...xv
California Eclectic College.....vi	Od Chemical Co.....xiii
Chicago Pharmacal Co.....xiv	Pacific Surgical Mfg Co.....xvi
Dad Chemical Co.....xiii	Parke, Davis & Co .....Cover 1
Davis Magazine .....v	Ralph Sanitarium .....viii
Eclectic Books .....vii	Sultan Drug Co.....vii
Eclectic Review .....ix	San Diego Exposition.....x
Eli Lilly & Company .....Cover 2	San Francisco Exposition.....xi
Fellows Co. ....Cover 4	Therapeutic Pub. Co.....xii
John B. Daniel.....iv	Westlake Hospital .....III

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